2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002592

1. Entity Name
SPECHLER FAMILY LLC

Principal Place of Business	Mailing Address
% BRENT SPECHLER 917 N. NORTHLAKE DRIVE HOLLYWOOD, FL 33019	% BRENT SPECHLER 917 N. NORTHLAKE DRIVE HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0935800
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPECHLER, BRENT
917 N. NORTHLAKE DRIVE
HOLLYWOOD, FL 33019

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000094253
03/22/04-80051-019 50.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	SPECHLER FAMLIY PARTNERSHIP, L.P.
STREET ADDRESS	917 N. NORTHLAKE DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/15/04 954 922 2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #